

State of South Dakota
Statement of Financial Interest
Elected Official



File statement within 15 days after taking your oath of office in the office where your nominating petition or convention nomination certification was filed. Please read information on reverse side before completing this form.

RECEIVED
JAN 11 2005
S.D. SECRETARY OF STATE

1. Name MARK K WILLADSEN
2. Address 6104 W CHEYENNE DRIVE SIOUX FALLS SD 57106
3. Elected Office HOUSE OF REPRESENTATIVES DISTRICT 11

If there is no change in your financial interest since the filing of your postnomination statement of financial interest, please sign and return.

Date: 1/11/2005

(Signed) Mark K Willadsen

If there are changes, please complete the following:

4. What is your occupation/profession? _____

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

State of South Dakota)
County of _____) SS: _____

Verification

SECRETARY OF STATE

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

Sworn to before me this _____ day of _____, 19 _____.
(Signed) _____

(Seal)

Revised 1997

Officer Administering Oath
My commission expires: _____

State of South Dakota
Statement of Financial Interest
Candidate for Public Office

RECEIVED

MAR 12 2004

File statement in the office where your nominating petition or convention nomination certification was filed.
~~SD SEC OF STATE~~

Please read information on reverse side before completing this form.

1. Name MARK K WILLADSEN
2. Address 6104 W CHEYENNE DRIVE SIOUX FALLS SD 57106-1665
3. Office Sought STATE HOUSE OF REPRESENTATIVES DISTRICT 11
4. What is your occupation/profession? MULTI-LINE INSURANCE AGENCY AGENT/OWNER

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

MARK - WILLADSEN AGENCY
SUZANNE - FIRST NATIONAL BANK

X

X

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

AGENT / OWNER
EMPLOYEE

X

X

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

X
X
X
X
X

What is the nature of your immediate family's association with each?

X
X
X
X

Verification

Filed this 12th day of March, 04

State of South Dakota)
County of Minnehaha) SS.

Chi Nelson
SECRETARY OF STATE

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) Mark K. Willadsen

Sworn to before me this 16th day of March, 2004.

(Seal)

Revised 1997

Judy L. West Deputy Auditor
Officer Administering Oath
My commission expires: 4/4